

**OFFICER'S BATTERY REPORT**  
CHICAGO POLICE DEPARTMENT

RO NO. [REDACTED]

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) <b>BERAN, TIMOTHY</b>		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE [REDACTED]	
STAR NO. <b>19651</b>	POSITION <b>POLICE OFFICER</b>	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago) [REDACTED]
DATE OF APPOINTMENT <b>18-MAR-1996</b>	EMPLOYEE NO. [REDACTED]	LOCATION CODE <b>090-APARTMENT</b>	BEAT OF OCCURRENCE <b>1723</b>
UNIT OF ASSIGNMENT <b>017</b>	BEAT/CALL NO. <b>1761B</b>	DATE OF OCCURRENCE <b>28-JAN-2012</b>	TIME <b>14:15:00</b>
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>WHITE</b>	DAY OF WEEK <b>SATURDAY</b>	
HEIGHT <b>511</b>	WEIGHT <b>190</b>	NO. OF OFFICERS BATTERED <b>1</b>	
<b>TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED</b> <input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input checked="" type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		<b>MANNER OF ATTACK</b> <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input checked="" type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
<b>WORKING:</b> <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ <b>PATROL TYPE:</b> <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input checked="" type="checkbox"/> F. OTHER <b>UNMARKED SQUAD CAR</b>		<b>TYPE OF WEAPON/THREAT</b> (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> E. FEET <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input checked="" type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
<b>TYPE OF ACTIVITY</b> <input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input checked="" type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER		<b>OFFENDER INFORMATION</b> SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F    RACE <b>WHITE HISPANIC</b> DOB <b>02-JUN-1992</b> CB NO. [REDACTED]    IR NO. [REDACTED]	
<b>TYPE OF INJURY TO OFFICER</b> <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN GANG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? <b>1</b>	
<b>LIGHTING CONDITIONS AT INCIDENT</b> <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD <input type="checkbox"/> C. DAWN		<b>WEATHER CONDITIONS</b> <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: <b>34 °F</b>	

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

-

9

REPORTING MEMBER - SIGNATURE BERAN, TIMOTHY	STAR NO. 19651	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAPLES, MELISSA A	STAR NO. 419
--	-------------------	---	-----------------

CPD-11.451 (REV. 1/04)